

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
PRE-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

05

01

2014

05

31

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Tran

Signature of Treasurer

Thomas Tran

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

06

18

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		131970.74
(b) Cash on Hand at Beginning of Reporting Period.....	151625.05	
(c) Total Receipts (from Line 19) .....	17032.53	93186.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	168657.58	225157.58
7. Total Disbursements (from Line 31) .....	10250.00	66750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	158407.58	158407.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13947.96	51822.74
(ii) Unitemized .....	3084.57	41364.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	17032.53	93186.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17032.53	93186.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17032.53	93186.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17032.53	93186.84

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	57000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	6750.00	9750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10250.00	66750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10250.00	66750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17032.53	93186.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17032.53	93186.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nicholas Abid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12320

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Nicholas Abid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12539

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12321

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12540

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lawrence D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12322

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Lawrence D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12541

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

423.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12323

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12542

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12544

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.89

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lucinda Baily**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12529

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12450

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12545

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

269.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12499

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**B. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12546

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**C. Lisa A. Bartley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12547

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

111.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert A. Beck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12501

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Robert A. Beck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12548

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12549

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12551

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12451

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12552

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason T. Bollent

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12553

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Michelle D. Bronson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12554

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Christine L. Brose

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12555

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Alan A. Buffenstein**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12558

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12530

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12559

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

403.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12502

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12560

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12561

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12562

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cesar M. Castilleja**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12496

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Cesar M. Castilleja**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12720

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.55

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12452

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12678

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12579

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12581

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Carolina V. Cisneros**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12443

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

## **C. Carolina V. Cisneros**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12671

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.89

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sue E. Clements**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12582

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christina Cooper**

Mailing Address 14703 Tudor Chase Dr

City State Zip Code  
Tampa FL 33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

VP, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12453

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christina Cooper**

Mailing Address 14703 Tudor Chase Dr

City State Zip Code  
Tampa FL 33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans

Occupation

VP, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12679

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12454

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12680

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12455

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12681

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12503

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12724

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12584

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. William W. Davies**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12504

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. William W. Davies**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12725

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Transaction ID : SA11AI.12585

Amount of Each Receipt this Period

92.37

Full Name (Last, First, Middle Initial)

**B. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2014

Transaction ID : SA11AI.12456

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Transaction ID : SA11AI.12682

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12449

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12677

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**C. Catherine M. DeMaso**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12586

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.91

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12587

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Karen C. Desotell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12588

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David W. Deweese**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12589

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 97  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12457

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12683

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa V. Downey**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12458

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 97  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa V. Downey**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12684

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12591

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12592

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12593

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12594

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12444

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

59.29

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12672

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12445

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12673

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

62.49

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul H. Frank**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12595

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David J. Gallitano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12531

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. David J. Gallitano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12750

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

403.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12596

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12505

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12726

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jennifer E. Gillespie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12462

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jennifer E. Gillespie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12688

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12506

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.07

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12727

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12463

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12689

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12507

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12728

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Gregg Haddad**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12508

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Gregg Haddad**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12729

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Marcia B. Halbert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12597

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12598

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

134.61

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12464

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12690

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Camille C. Hamid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12599

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12600

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Richard M. Hanks**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.40

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12465

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Richard M. Hanks**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.86

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12691

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12466

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12692

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12601

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12509

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12730

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Lisa Hershiser**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12467

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa Hershiser**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12693

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12468

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12694

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Tanya Hillary**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FM 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12602

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12510

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12731

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12469

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12695

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12604

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12511

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12732

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12605

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.12512**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.12733**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. David Hurter**

Mailing Address 901 N. Hemlock Lane

City State Zip Code  
Mount Prospect IL 60056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.12606**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

211.53

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa G. Iglesias**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12532

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Lisa G. Iglesias**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12751

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Jason Inman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12608

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

403.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 97  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12470

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12696

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12471

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.12697**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : SA11AI.12513**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : SA11AI.12734**

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12472

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12698

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Anthony J. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12610

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12611

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12473

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12699

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephen Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12514

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Stephen Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12735

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Stephanie R. Kelley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12612

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12515

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12736

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12446

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

213.13

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y  
05 23 2014

Transaction ID : SA11AI.12674

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Sharon L. King**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 23 2014

Transaction ID : SA11AI.12614

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 23 2014

Transaction ID : SA11AI.12615

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

59.29

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12516

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12737

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12616

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12517

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12738

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Gregory A. LaManna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12474

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Gregory A. LaManna**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12700

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12518

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12739

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Letty M. Lian-Segawa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12618

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Frank Lopez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12475

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Frank Lopez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12701

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12620

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12519

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12740

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Brock R. Manz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12621

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12623

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12520

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12741

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

## **B. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12624

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12447

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12675

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12625

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12626

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

59.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Eufemia E. Mitchell

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12627

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12521

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12742

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12628

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12629

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12630

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Gina Newberry**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12477

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Gina Newberry**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12703

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12522

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.07

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12743

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12478

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12704

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12523

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12744

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12533

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

384.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael R. Polen

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12752

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. William A. Prince

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12634

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Jayme Anelalani Puu

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12479

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

249.99

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jayme Anelalani Puu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12705

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12497

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**c. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12721

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

121.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anne E. Read**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12635

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Karen L. Reine**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12706

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12636

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Wendy J. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12637

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12481

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12707

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 97  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12482

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12708

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12638

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12524

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12745

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12484

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12710

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12639

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12640

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 73 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Katherine Ryland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12485

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12486

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12711

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12448

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12676

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. George D. Shafer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12642

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.89

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12500

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12723

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Randall Simmons**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12643

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

119.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 76 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12644

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12525

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12746

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 77 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12645

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12487

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12712

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12646

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12488

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12713

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 79 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Eva E. Sullivan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12647

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christopher P. Surrell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12526

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Christopher P. Surrell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12747

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Paulette Sutton**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12648

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Michael P. Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12649

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Shunae E. Thomas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12650

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12534

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12753

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Thomas Tran**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12535

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

576.90

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 82 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Tran**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12754

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12651

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12490

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

249.99

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 97  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Transaction ID : SA11AI.12715

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Steven A. Vetrano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2014

Transaction ID : SA11AI.12491

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Steven A. Vetrano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

MM / DD / YYYY  
05 / 23 / 2014

Transaction ID : SA11AI.12716

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12652

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Karen J. Viera**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12653

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12654

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12655

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12656

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12498

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.12

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 97

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12722

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

B. Kathy C. Warner

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12657

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. William K. Watson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12495

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 87 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12719

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Teddy J. Webster**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12492

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Teddy J. Webster**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12717

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

116.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephen G. Weiss**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12658

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.12660

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sandra White**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.12493

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12661

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12662

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12663

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12527

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12748

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Kristy Yarcho**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12664

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12665

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12666

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12667

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12528

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12749

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12668

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 OF 97

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.12494

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12718

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2014

Transaction ID : SA11AI.12670

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

13947.96

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 97

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Graham for Congress**

Mailing Address P. O. Box 310

City  
TallahasseeState  
FLZip Code  
32302Purpose of Disbursement  
contribution

Candidate Name

Gwen Graham

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SB23.12756

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Hanabusa for Hawaii**

Mailing Address P. O. Box 847

City  
LahainaState  
HIZip Code  
96767Purpose of Disbursement  
contribution

Candidate Name

Colleen Wakako Hanabusa

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2014

Transaction ID : SB23.12758

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3500.00
---------

3500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 97

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. David Ige for Governor**

Mailing Address P. O. Box 2999

City Aiea	State HI	Zip Code 96701
--------------	-------------	-------------------

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

**Transaction ID : SB29.12765**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Karl Rhoads**

Mailing Address P. O. Box 37443

City Honolulu	State HI	Zip Code 96837
------------------	-------------	-------------------

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

**Transaction ID : SB29.12763**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of Rosalyn Baker**

Mailing Address P. O. Box 10394

City Lahaina	State HI	Zip Code 96761
-----------------	-------------	-------------------

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

**Transaction ID : SB29.12764**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 97

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Kentucky Chamber PAC**

Mailing Address 464 Chenault Road

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

**Transaction ID : SB29.12317**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. McKelvey for House**

Mailing Address P. O. Box 847

City	State	Zip Code
Lahaina	HI	96767

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

**Transaction ID : SB29.12766**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Republican Party of Kentucky House Trust**

Mailing Address P. O. Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2014

**Transaction ID : SB29.12315**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
---------

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Three credit cards are shown side-by-side. The first card has the number 05, the second has 06, and the third has 2014. Each card has a small logo in the top left corner.

State:  District:

1000.00

6750.00